

Pharmacology of Depression

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“Doc I’m sad.”

- 30 y/o woman with depressed mood
- Decreased sleep
- Lack of interest
- Hopelessness
- Bad in the morning
- 15lb weight loss
- Frequent thoughts of death, but no intent or plan
- Poor concentration



**What drug you
going to use?**

The background of the slide features a pattern of stylized, overlapping leaves in various shades of orange and brown, creating a textured, autumnal effect.

**5 days later:
“I can’t sleep”**

What drug now?

Two week follow up

- I'm crapping all over the place!
- My depression is a little bit better.
- It's not anywhere as good as when I went on that crazy shopping spree and blew through \$20,000.

Review: Initial Drug Choice

- SSRI's are generally first line
 - There are differences between SSRI's
- Sleep difficulties?
 - Trazodone, benzo's, zolpidem, wait for effect
- SSRI side effects:
 - agitation, somnolence, GI, HA, sexual dysfunction
- Which antidepressants are less likely to induce mania?
 - Paroxetine and bupropion

6-10 weeks later

“I don’t feel much difference.
I’m still sad.”

What you going to do now?

Refractory Depression

- Optimize the dose
- Augment
 - Different antidepressant
 - Stimulant
 - Lithium
 - Cytochrome
- Change to different medication

6 weeks after that

“I feel really happy, but my husband is feeling like I’m holding out on him.”

What are your options?



2 years later

“Guess what I’m
pregnant!”

Changes?

Pregnancy Pearls

- Class C- in animals increased miscarriage and low birth weights, no birth defects.
- Limited data- studies usually are N=200
- No increase in birth defects, miscarriage rate, pre-term labor, or low birth weight.
- Prozac is best studied- kids conceived and breast fed while mom on Prozac = no effects up to 5 years of age (behavioral or cognitive).

40 years later

- HTN, CAD, diabetes with neuropathic pain, bilateral knee replacements, and hemorrhoids
- But makes the best chocolate chip cookies
- Presents with memory difficulties and rapid decline in abilities to do ADL's.
- Weight loss (50 lbs), lack of pleasure, lack of motivation, looks "flat"
- Tons of meds (no antidepressant), and had a MI last month

Your medication Choice?

Congrats! you've correctly
identified pseudodementia.

Complicated Medical Patient

- Post MI:
 - depressed people have sticky platelets, very high risk of mortality, paroxetine
- Chronic pain: dual action drugs probably best
 - TCA's (not this pt), venlafaxine
- CYP 450: refer to handout
- HTN: venlafaxine can increase BP
- What if you want weight gain? mirtazapine

The background features a warm orange gradient with faint, stylized leaf patterns in various shades of orange and brown, creating a textured, autumnal feel.

Good Luck!